



Creating a Culture of Respect: Addressing Microaggressions in Residency Education

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Basic housekeeping

- ▶ Meeting being recorded
- ▶ Small groups will not be recorded

Who we are

- ▶ Diversity, Inclusion, and Social Justice Committee
- ▶ Racial, Ethnic, and Cultural Minority Faculty Subcommittee
- ▶ Resident Diversity Committee



Outline of Seminar

- ▶ Discussion of Microaggressions
- ▶ Discussion of Microinterventions
- ▶ Break out into facilitated small groups
- ▶ Discuss takeaways as large group

Purpose of seminar

- Psychiatry residents have reported experiencing microaggressions across a wide variety of clinical settings
- Raise awareness and educate about microaggressions
 - Decrease frequency and impact
- Educate about microinterventions
 - Provide tools for dealing with microaggressions

What is a microaggression?

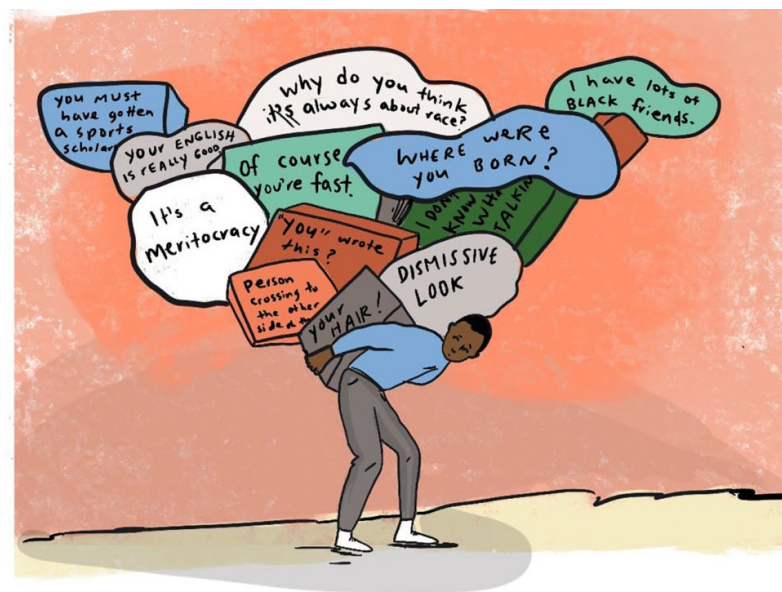


Dr. Derald Wing Sue

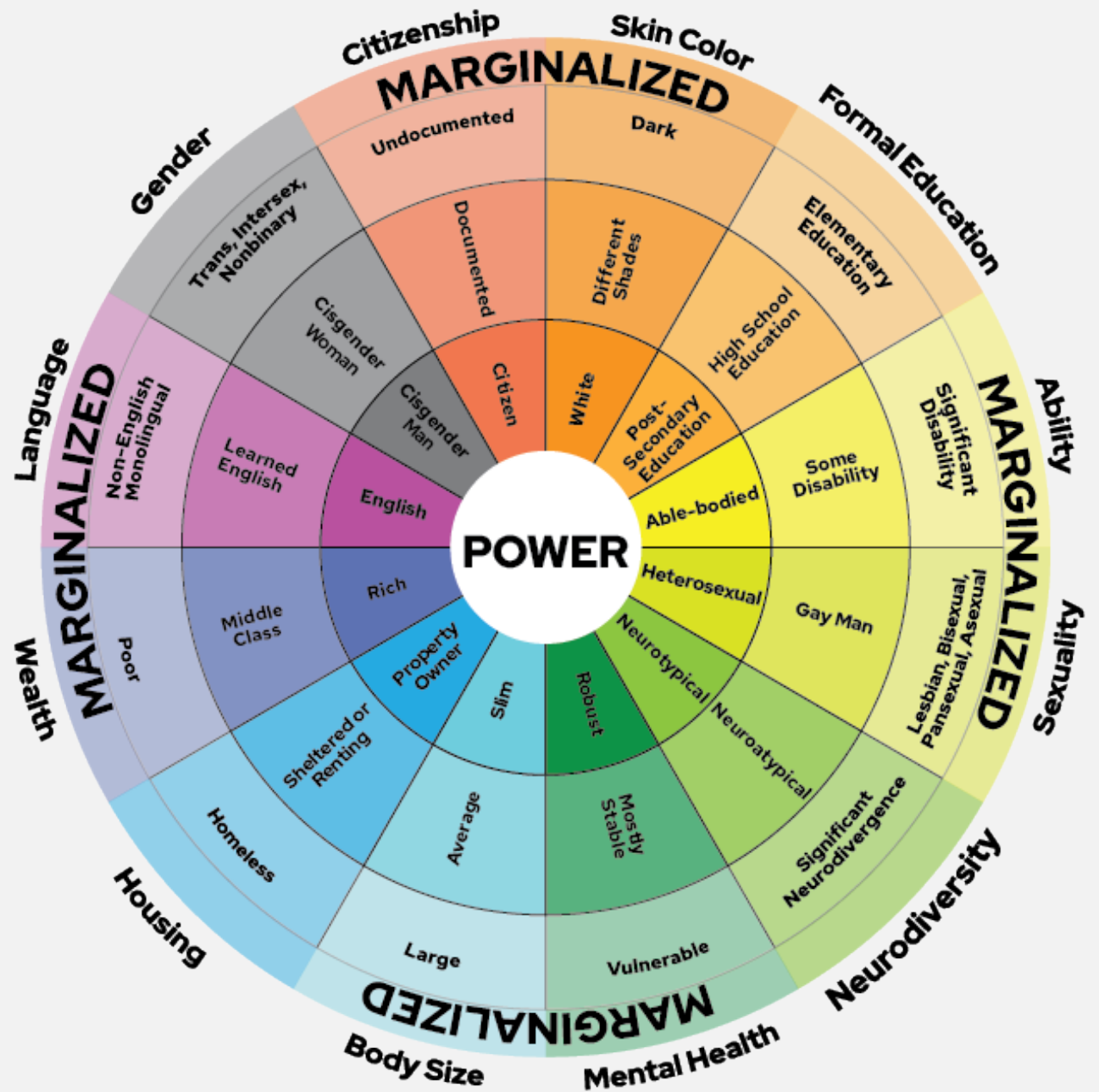
- The everyday slights, indignities, insults, put-downs, and invalidations that marginalized group members experience
- Demean targets on a personal or group level, communicate they are lesser human beings, suggest they do not belong with the majority group, threaten and intimidate, or relegate them to inferior status and treatment
- Often from well-intentioned individuals unaware that they are engaging in an offensive or demeaning form of behavior

Characteristics and Consequences

- ▶ Can be invisible to perpetrator and recipient
 - ▶ Easily nullified or “explained away”
- ▶ Vague discomfort, difficult to explain
- ▶ Feelings of alienation, disenfranchised, “otherness”
- ▶ Feeling “crazy” or “too sensitive”
- ▶ Depression, anger, disrupted self-worth, powerlessness
- ▶ Are constant in the lives of people of color
- ▶ Have cumulative effects on psychological and physical health



WHEEL OF POWER



Adapted from James R Vanderwoerd ("Web of Oppression"), and Sylvia Duckworth ("Wheel of Power/Privilege")

Not pronouncing or spelling an individual's name correctly

People moving away from you or holding their breath when around you

Not giving eye contact when the individual is speaking

Making assumptions about skills/abilities/temperament of the individual based on stereotypes

Interrupting an individual when they are speaking

Ignoring what you have said/instructed and asking other people for clarity or confirmation

Ignoring individuals in meetings and in the workplace

Subjecting an individual to more criticism and harder judgement compared to their white counterparts

Continually arranging team social events based around alcohol, thereby making an individual feel unwelcome

Dismissing an individual's opinion or perspective

A lack of awareness of personal space and personal boundaries which can lead to uncomfortableness

What does a microaggression look like?

Making assumptions about seniority. The micro-aggressive assumption being that the most senior person in the room is white

Microinterventions

- Everyday words or deeds, whether intentional or unintentional, that communicates to targets of microaggressions:
 - validation of their experiential reality
 - value as a person
 - affirmation of their racial or group identity
 - support and encouragement
 - reassurance that they are not alone
- Disarm or counteract effects of microaggressions
- Can be subtle or overt
- Educational, not designed to be punitive

Effects of Microinterventions

- ▶ Create an inclusive, welcoming environment
- ▶ Discourage negative, discriminatory behavior that is part of the “status quo”
- ▶ Encourage positive behaviors
- ▶ Enhance well-being and self-efficacy for all groups



Microinterventions

01

Make the
"invisible"
visible

02

Disarm the
microaggression

03

Educate the
perpetrator

04

Seek outside
help

Make the Invisible Visible

Bring the offense to the forefront of speaker's awareness.

Help the speaker understand the impact of their words.

Allows the target/ally/upstander to describe what is happening in a non-threatening way.

When allies and upstanders intervene, helps to validate the feelings of the person targeted by the offense.

Make the Invisible Visible

Ask

Ask for a clarification: “what exactly did you mean when you said...”

Restate or rephrase

Restate or rephrase the statement: “so what I heard you said is...”

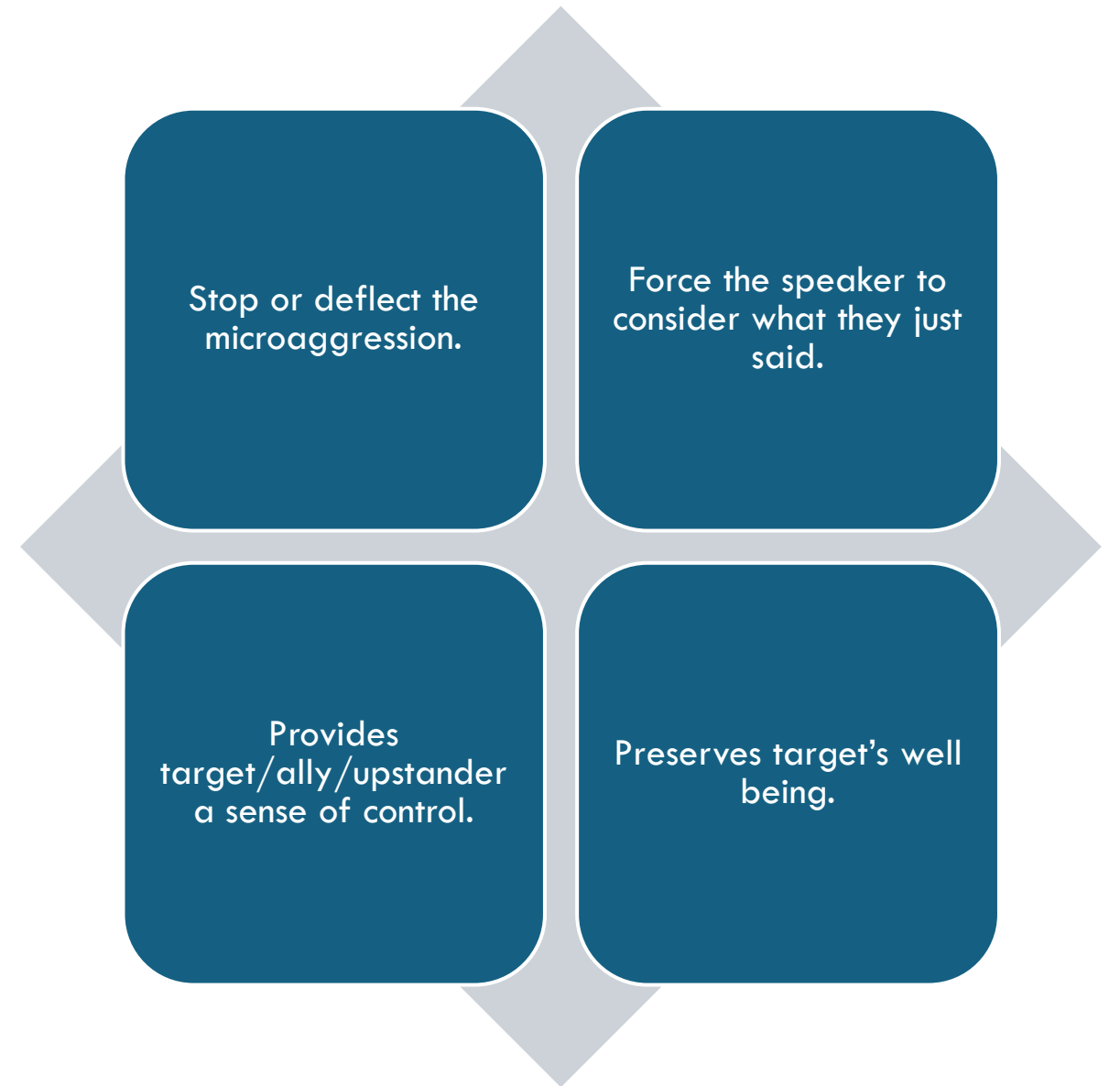
Challenge

Challenge the stereotype: “we know that isn’t true...”

Depersonalize and describe

Depersonalize and describe: “I notice not everyone has had a chance to speak.”

Disarm the microaggression



Disarm the Microaggression

Express	Express disagreement: “I don’t agree with what you just said.”
Use	Use an exclamation: “Ouch” or “Yikes”
Interrupt and redirect	Interrupt and redirect: “Let’s not go there” or “I think we need to take a timeout”
Remind	Remind them of the guidelines: “Your comments are not in alignment with our classroom guidelines.”

Educate the perpetrator



Educate the perpetrator

Differentiate

Differentiate between intent and impact: "Here's how what you said landed."

Reframe

Reframe the meaning of the statement: "Is there another way to look at the situation?"

Promote

Promote empathy: "The majority of people want the same thing as you."

Revisit

Revisit the incident later: "I want to discuss what happened yesterday."

Seek outside help



Seek outside help

Alert

Alert leadership: talk to your program director, chief resident

Debrief

Debrief with a faculty mentor or resident colleague

Report

Report the incident: ACGME, anonymous reporting

Microinterventions

Considerations

Pick battles wisely

- ▶ Resource depleting

Consider where and when to address offender

- ▶ Public or private

Adjust your response as situation warrants

- ▶ Educate vs confront

Be aware of relationship factors and dynamics with perpetrators

- ▶ Different considerations for close friends/family vs acquaintances
- ▶ Consider risk of negative outcomes for all groups

Common Barriers to Being an Upstander

- ▶ Awareness
- ▶ Discomfort
- ▶ Difficulty navigating hierarchy
- ▶ Battle fatigue
- ▶ Lack of upstander knowledge/skills



Small Groups: Context

- ▶ Remember, we are all in this together
- ▶ Strive to create a safe, respectful, nonjudgmental, and brave space
 - Expect confidentiality – not recorded
 - Encourage everyone to share or ask clarifying questions
 - Honor people's courage and vulnerability in sharing and inquiring
 - Appreciate that dialogue can be complex due to a variety of factors, including power dynamics, but we are all here for similar reasons
 - Be mindful of the importance of ensuring there are no negative ramifications/retribution for honest sharing

Small Groups: Ground Rules

- ▶ Engage in respectful dialogue
- ▶ Be mindful of time so everyone who wants to speak can do so (30 minutes)
- ▶ Put on camera if possible

Small Groups: Co-Facilitators

- ▶ Nadine Kaslow, PhD and Jocelyn Cox, MD (vignettes 1 and 2)
- ▶ DeJuan White, MD and Jordan Cattie, PhD (vignettes 3 and 4)
- ▶ Jennifer Wootten, MD and Sobha Fritz, PhD (vignettes 5 and 6)
- ▶ Erica Lee, PhD and Justin Palanci, MD (vignettes 7 and 8)

Small Groups (30 minutes)



Review 1-2 vignettes with
group facilitators



Discuss reflection questions as
a group



Rejoin large group with 1-2
sentence takeaways for each
vignette

Breakout Discussion Questions

1. What are your reactions to hearing this vignette?
2. What was/were the microaggression(s) that occurred?
3. What were the possible impacts of the statement on the target, the perpetrator, the witnesses, and community?
4. What could you do and/or say to the perpetrator of the microaggression if it was said to you? Which microintervention(s) could you use and why? What might make it challenging to utilize this/these or any microintervention?
5. What could you do and/or say if you are an upstander/ally watching this conversation unfold or hearing about the interaction? Which microintervention(s) could you use and why? What might make it challenging to utilize this/these or any microintervention?

Scenario #1

An attending confuses one of the Asian residents with another one of the Asian residents from a different class. The resident explains that they have made a mistake, and they are not that person. The attending makes a joke about it stating "Whoops! Close enough!" The attending continues to use the resident's incorrect name.

Scenario #2

Dr. Anas Abdul-Qadir is a PGY-3 resident who just started a month-long off service rotation. The attending frequently mispronounces the resident's name including mispronouncing Anas as “Anus” and “An-ass”. The attending also shortens the resident’s last name to Dr. Abdul with patients (Abdul – means slave of). The resident corrects the attending on multiple occasions, but the attending continues to mispronounce and misuse the resident’s name. One time the attending tells the resident, “I’m not even going to try, that’s too hard for me to get right.”

Scenario #3

At the department meeting, the audience applauds as the resident steps onto the stage to receive his award. Some attendees exchange curious glances. One colleague turns to another and says: “I wonder if he got this award because of his background.” Another colleague whispers back: “Yeah, it’s great that he’s diverse, but did he really earn it?”. Despite the accolades and applause, there’s an underlying question among some attendees about whether the recognition is truly deserved or merely a result of diversity initiatives. He overhears the comments being made by some of his peers and sits quietly back in his seat.

Scenario #4

As the resident steps into the ward, her supervisor fixates on her recently straightened hair. "Your hair looks so much better like that.... you could be a model with hair like that." The resident feels a sense of unease as she thanks her supervisor, eager to escape the uncomfortable scrutiny. She quickly excuses herself.

Scenario #5

The attending, resident, and medical student walk into a patient room, and the patient immediately says “hey baby” when the resident introduces themselves. The resident becomes flustered, unsure how to respond, and continues with interview questions. The attending stands there in silence, and never addresses this with the patient or afterwards with the team.

Scenario #6

Doctor Dominguez enters the hospital room, dressed in scrubs. The nurse turns to her, "Oh, thank goodness, you're here! We needed a Spanish interpreter." Doctor Dominguez smiles gently and replies, "Actually, I'm the doctor." Doctor Dominguez mentions this to the attending and team at rounds and the attending says, "I'm sure they didn't mean any harm."

Scenario #7

Two residents are in the work room and are discussing their experience of working with one of the medical students on their team. They make comments about how the student's behavior is awkward at times and is sometimes rigid. They then begin to speculate that the student is “on the spectrum”. A third co-resident in the room is neurodivergent but has not disclosed this to their co-resident. After hearing the comments, the resident begins to speculate whether this is how their co-residents speak about them.

Scenario #8

It is lunch time on a busy workday. A resident heats up lunch that their mom cooked. The dish is one of mom's specialties and a popular dish from the resident's cultural background. The attending enters the room and remarks "what is that smell? It's so strong". The attending looks at the food the resident brought in and asks, "wow, what is that?". The resident smiles awkwardly and responds, "oh just something from home".

Large Group Discussion

- 30 minutes
- Same guidance as small groups
- Feel free to raise your hand to share aloud or to write in the chat box (can make yourself anonymous if you choose)

Large Group Discussion

- What do you learn about yourself from the small group discussions?

Large Group Discussion

- What did you learn about people's experiences in the department? What were your reactions to what you learned?

Large Group Discussion

- Is there anything you are willing to do differently and if so, what?

Large Group Discussion

- What recommendations do you have for the department culture going forward?

How Can We Create a Culture for Engaging around Microaggressions?

- ▶ [Diversity Engagement Guidelines](#)

Where to Report Microaggressions

- ▶ People
 - Program Directors
 - Chief Residents
 - Faculty and Resident Mentors
- ▶ Anonymous reporting form: <http://www.suggestionox.com/r/emorypsych>
- ▶ ACGME: <https://med.emory.edu/education/gme/housestaff/hso/concerns/index.html>
- ▶ SOM Office of Multicultural Affairs
- ▶ Title IX

Feedback Form

